

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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September 15, 2008

To: Dale Boespflug
Executive Director
Havre Day Activity Center

From: Cherilyn Wilson
Quality Improvement Specialist
Developmental Disabilities Program

RE: Quality Assurance Comprehensive Evaluation FY 09

Please find the attached Quality Assurance Evaluation for the period ending August 15, 2008. I would like to thank the management and direct care staff for their open and considerate assistance during the on-site portion of this evaluation. Your team approach toward outside agencies including the DD Division, contracted care managers, medical professionals and community businesses has strengthened your agency and been an asset to the lives of those you support on a daily basis.

During this review, Quality Assurance Observation Sheets (QAOS) were developed to document and record exemplary practices and deficiencies. Additional recommendations and observations are noted throughout the review. There were three deficiencies noted that require follow-up. Please respond in the appropriate sections of the QAOS electronic form and submit by September 23, 2008.

As always, I appreciate working with your agency and congratulate you for another year of quality services and support to individuals with developmental disabilities. If you have any questions or concerns regarding this review please feel free to contact me.

CC: Deborah Hedstrom, Chairman Board of Directors
Bruci Ann Hall, Regional Manager DDP
Tim Plaska, Bureau Chief, DDP
John Zeeck, Quality Assurance Specialist, DDP
Perry Jones, Waiver Specialist, DDP
Contract file

Quality Assurance Comprehensive Evaluation

Havre Day Activity Center (HDAC)

Period ending August 15, 2008

Scope of Review:

The purpose of this summary is to evaluate the quality of services provided to individuals with developmental disabilities by Havre Day Activity Center. The services reviewed are the following: Community Home, Congregate Supported Living, Work/Day services and Transportation. HDAC also serves 2 individuals with funding through Community Supports. Information was gathered through personal observations, interviews and review of documentation on-site as well as a desk review of data collected through the review period including quarterly PSP reports and incident management trend reports.

Administrative:

HDAC is a non-profit corporation governed by a Board of Directors. The day to day operations are managed by the Executive Director, Dale Boespflug. The management team at HDAC is made up of dedicated employees with a wealth of experience in the field of developmental disabilities. Training of direct staff continues to be exemplary which is demonstrated by their 100% compliance with all mandatory training and in being the first provider agency in the state to complete the initial tier of College of Direct Supports. There is a full time registered nurse on staff that is current with all licensing requirements.

Financial audits reveal no concerns and invoicing documentation clearly show that direct care service hours are provided as indicated by the individual cost plans. Please see the financial section of the attached grids for specifics. No deficiencies were noted regarding administration at HDAC.

Residential Services:

HDAC owns 6 fully licensed group homes including the assisted living center, and provides residential supports to 41 individuals. Personal Support Plans are complete and outline the plan of care for each individual in services. Data for actions is documented through monthly calendars with details noted, shift notes that are reviewed daily by the management team, and log books on sight. Documentation was found to be accurate, complete and up to date. It is recommended that monthly calendar notations be initialed by the staff member running the program and completed by the end of every shift. Areas of concern were noted in the storage of supplies and medication documentation. (See grids and QAOS) Family and consumer surveys were conducted and demonstrate a high degree of satisfaction with the services provided at HDAC. See Appendix A.

Supported Living/Congregate Supported Living

HDAC does not currently provide any individualized supported living services. They support a couple of individuals through the supported living program in the congregate assisted living center (ALC) which, as noted above, is fully licensed as a group home. ALC is an attractive, modern set of individual apartments where the individuals can cook for themselves and have pride in their independence. A large living area and dining area allows for integrated dinners in the evening and social opportunities. It should be noted that one of the supported living individuals is diabetic and protocols were reviewed during the on site portion of this evaluation. A nursing grant is in place and services are provided through HDAC's on staff nurse. Protocols reviewed were very thorough and provide the necessary support to maximize this individual's independence. No deficiencies were noted in this area.

Work and Day Services:

HDAC provides work and day services to the 41 individuals in residential services as well as 6 people living in the community, 2 of which are in the community supports program. Employment opportunities include the recycling center, woodshop, paper shredding and cleaning on site. Currently 7 individuals enjoy community integrated jobs at a variety of area businesses. Data reviewed on site was thorough and complete. No deficiencies were noted in this area.

Community Supports:

HDAC provides community support services to 2 individuals. These siblings are purchasing their own home and work a variety of community jobs. PSP actions include assistance with money management, shopping, medical appointments, employment support and transportation. Data for these actions is kept by the Quality Assurance Specialist. No deficiencies were noted in this area.

Transportation:

HDAC has a large fleet of corporation owned vehicles. During the onsite portion of this evaluation 12 vehicles were reviewed. Although there is no longer a specific mechanic employed, routine maintenance appears to be up to date. Direct care staff is adequately trained to drive the company vehicles and copies of drivers licenses are on file. Deficiencies were noted in that 6 out of the 12 vehicles reviewed did not have current fire extinguishers, and emergency supplies were lacking. (see grids and QAOS) Vehicles were found to have garbage left in them and needed to be cleaned.

Conclusion:

Overall services and supports at Havre Day Activity Center are very good. Consumers and families are very happy and satisfied with the care provided. The oversight and experience provided by management staff lead to well trained direct support professionals that provide a service to be proud of. Areas of strength include PSP and invoicing documentation procedures, administrative support, communication and team work with other agencies. Areas for improvement include transportation details, medication documentation, and storage of chemical supplies. As always it is a pleasure to work in collaboration with this agency in support of the individuals they serve.

Comprehensive Evaluation
9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cherilyn Wilson

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Comprehensive Evaluation
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| DESK REVIEW: | Appendix or QAOS |
| <p>Fiscal (audits, cost plans, invoices):</p> <p>Havre Day Activity Center had an independent financial audit conducted by Douglas Wilson and Company, P.C. for financial statements as of June 30, 2007. This report indicates that no deficiencies were noted for this fiscal year and that there were no deficiencies to follow-up from the previous audit.</p> <p>As part of the QA process the client funds checklist was completed. Written procedures for accounting and safeguarding client funds were reviewed and found to be comprehensive. No concerns were noted in this area.</p> <p>Havre Day Activity Center implements a very concise method of monitoring cost plans and direct care hours of service for invoicing. Beginning January 2008 the agency went to a web based time sheet system through Spectrum Research Technologies. This system enables staff to sign in via computer for direct care shifts through a dedicated IP address at the site. These times logged are then monitored and approved by the lead trainers on site, the residential manager and finally compared to a hand written time and effort log that is completed by each staff by the end of their shift. This time and effort log demonstrates that direct care staff were on site participating in direct care activities which is backed up by the shift notes and program books on each individual in services. Staff training hours or other activities are logged into the system under a different code for payroll but do not add into the direct care hours for invoicing. Through logging into the system, members of the management team can monitor where staff are at any given time and run a variety of reports demonstrating direct care hours for the week, month, etc. See examples in appendix B. In this way the agency has been able to maximize direct care hours of service across all sites and minimize overtime.</p> | <p>PQAOS P08-1</p> <p>App B</p> |
| <p>Licensing:</p> <p>Jackie Stockel, Licensing Specialist conducted a full licensing survey of the six Group home locations on 3/12-14/08. Some deficiencies were noted and a plan of correction was submitted by HDAC. All six homes are fully licensed effective April 1, 2008 to May 31, 2009. Observations during this comprehensive evaluation show that the plan of correction has been implemented as documented. Sanitation and Fire Marshall reviews were conducted and no violations were noted.</p> | <p>App C</p> |

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| DESK REVIEW: | Appendix or QAOS |
|---|---------------------|
| <p>Quality Assurance Observation Sheets: (trends from past year)</p> <p>Quality Assurance Observation Sheets from the FY07 evaluation were approved and completed in a timely fashion. None of the concerns identified in the previous evaluation were repeated this year. All routine QAOS forms presented during the year were of a positive nature. HDAC is proactive and receptive to suggestions made by DDP. When concerns are noted they are addressed immediately with consistent follow-up.</p> | QAOS P08-2 |
| <p>Medication Errors: (trending from past year)</p> <p>HDAC, like all DD providers, is responsible for many medication supervisions daily. Therefore medication errors will occur. This being said, it is the goal of all agencies to minimize the frequency and severity of medication errors. HDAC has made steps to minimize there errors through the use of medication cups, and the oversight of a full time Registered Nurse. This RN fills med boxes throughout the agency and is the first call made when a medication error occurs or there are questions. It is recommended that medication boxes be replaced in a couple homes as the lids are worn and may lead to lost medications. Medication boxes are currently labeled with the individuals initials and should have full names and a photograph to protect from identity errors. Medication documentation currently has all medications for a specific time period listed at the top of the page and then 31 lines for daily signatures below. This method does not identify that each individual medication was given and leads to documentation errors when a medication is missing, spit out, or dropped. Examples of other MAR sheets have been provided to the agency. Physician prescriptions and sign offs are not available on site.</p> <p>HDAC works closely with the medical professionals such as primary physicians and psychiatrist in the area and have several individuals in service with closely monitored PRN protocols for anxiety medications used when there are behavioral indicators that they are necessary. It is important to note that PRN medications that are given for behavioral indicators need to be thoroughly documented including PSP team agreement for use and detailed and specific protocols, incident reports, and MAR documentation. MAR sheets currently do not always demonstrate the time of day the medication was given, or the results afterward.</p> | QAOS08-3 |
| <p>Incident Management: (summary trends, steps to address trends, investigation summaries)</p> <p>Incident Management has been a strength for HDAC. The committee meets weekly and reviews all incidents for the previous week. Monthly trend reports are provided to the DD regional office on a monthly basis and follow-up to issues identified has been consistent. Critical incident investigations are rarely necessitated but are thorough complete and timely when requested. This agency works closely with the case managers and DDP to address individual specific concerns through the PSP process when trends are identified.</p> | |

Comprehensive Evaluation
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Agency: Havre Day Activity Center (HDAC)
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| Staff Related: | | | | | | | | | | Appendix or QAOS |
|--|-----|-----|-----|-----|-----|--|--|--|--|---------------------|
| Evidence Found of Orientation Training (mark 'yes' if present, 'no' if not present) | | | | | | | | | | |
| staff initials | EB | DT | BG | NS | MS | | | | | |
| yes/no | YES | YES | YES | YES | YES | | | | | |
| Note where evidence found: | | | | | | | | | | |
| Evidence Found DDCPT or equivalent: | | | | | | | | | | |
| staff initials | | | | | | | | | | |
| yes/no | | | | | | | | | | |
| Note where evidence found: | | | | | | | | | | |
| Replaced by CDS | | | | | | | | | | |
| Evidence of Criminal Background Checks: | | | | | | | | | | |
| staff initials | EB | DT | BG | NS | MS | | | | | |
| yes/no | YES | YES | YES | YES | YES | | | | | |
| Note where evidence found: | | | | | | | | | | |
| personnel files, staff training records, agency employment application | | | | | | | | | | |
| Evidence of Staff Survey: | | | | | | | | | | |
| staff initials | | | | | | | | | | |
| yes/no | | | | | | | | | | |
| Note where evidence found: | | | | | | | | | | |
| Not currently being conducted, input from staff is gathered in other formats. This was an accreditation requirement. | | | | | | | | | | |
| Comments: (regarding staff hiring, screening, training, supervision) | | | | | | | | | | |
| Staff surveys are no longer required but continue to be a recommendation. | | | | | | | | | | |
| Although DDCPT is no longer a requirement, please keep in mind that it is a resource for documentation and behavior management training. | | | | | | | | | | |

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| Staff Related: | | | | | | | | Appendix or QAOS |
|---|-----|-----|-----|-----|-----|--|--|---------------------|
| Evidence Found of Staff Training: (mark 'X' if present, 'no' if not present) | | | | | | | | |
| staff initials | EB | DT | BG | NS | MS | | | |
| 1st aid/CPR | yes | yes | yes | yes | yes | | | |
| Abuse Prevention | yes | yes | yes | yes | yes | | | |
| Client Rights | yes | yes | yes | yes | yes | | | |
| Incident Reporting | yes | yes | yes | yes | yes | | | |
| Confidentiality | yes | yes | yes | yes | yes | | | |
| IP/PSP Process | yes | yes | yes | yes | yes | | | |
| CDS complete w/in 6 months of hire date? | yes | yes | yes | yes | yes | | | |
| Medication Cert | yes | yes | yes | yes | yes | | | |
| Note where evidence found: Copy of training records were provided for all staff. The orientation manual was provided and covers all the required components. CDS has been completed by all staff in a timely manner. Tier II has been assigned and is in progress. | | | | | | | | |
| Comments: Staff orientation and training appears to be very complete. All required areas of training are provided as well as Mandt, defensive driving, and updates as needed. Annual training updates were not clearly documented. See ADMINISTRATIVE RULES OF MONTANA 37.100.322 | | | | | | | | |

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| IP Checklist: check if evidenced | | Note Site Reviewed: | | | | | | CSP | CSP | Appendix or QAOS |
|--|--|---------------------|-----|---------|-----|------|-----|-----|-----|---------------------|
| | | 7TH | 6TH | BLVD | ALC | BLHK | NS | | | |
| Consumer Initials | | | | | | | | | | |
| On Site | Consumer/Family Survey | YES | YES | YES | YES | YES | YES | YES | YES | |
| | PSP/IP Doc Avail to all Staff | YES | YES | YES | YES | NO * | YES | YES | YES | |
| | IPP/Actions Implemented | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Data for IPP/Actions | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Data Internally Monitored | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Self Medication Objective | YES | YES | YES | YES | YES | YES | NA | NA | |
| | Consumer informed of grievance procedure | | | | | | | | | |
| | SL consumer choice of SL staff | NA | NA | NA | YES | NA | NA | NA | NA | |
| | Rights Restrictions | NA | YES | NOT MET | NA | NA | NA | NA | NA | |
| CM IPP | PSP/IP Checklist | YES | YES | YES | YES | YES | YES | YES | YES | |
| | PSP/IP Annually? | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Individual Needs Addressed? | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Assessment Based? | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Quarterly Reports? | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Incident Reports Addressed? | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Behavioral Supports Addressed? | YES | YES | YES | YES | YES | YES | YES | YES | |
| | Functional Analysis Needed? | OK | OK | OK | OK | OK | OK | OK | OK | |
| | Free from Aversive Procedures? | YES | YES | YES | YES | YES | YES | YES | YES | |
| Comments: (regarding service planning and delivery) Consumer/family survey results available at the main office (results summary in appendix A). * PSP document was not available on site for DS, all others were available. PSP was on site before review was completed. Health care checklists had been completed and are on file with CM, but not found on site. This was addressed by Management team. BLVD: Rights restriction in place for a door alarm that was not currently working. Administration was aware of the issue and it has since been corrected. Data for all sites was consistent and accurate. Only recommendation from QIS is that the entries be completed and initialed by the staff completing the activity. | | | | | | | | | | |

Comprehensive Evaluation
9/17/2008

Provider: **Havre Day Activity Center (HDAC)**
Eval Date: **August 5th- 7th, 2008**

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|-------------------------------------|-----------|-----------------------|---|---|--|--|--|--|
| consumer: | ** | Hours per ICP: | 146.6/mo res; 8.41/mo day; 4.33/mo LPN | | | | | |
| Actions per PSP dated 5/2/08 | | | | Evidence support provided consistently? | | | | |
| Hrs of service provided | | | | shift notes, schedules, program documentation | | | | |
| Transportation provided | | | | shift notes, transportation logs | | | | |
| medication assist | | | | shift notes, med logs | | | | |
| Diabetes Mgmt | | | | med book, logs, shift notes, protocols | | | | |
| exercise 3x/ week | | | | complete greater than 3x/ week well documented | | | | |
| social events weekly | | | | at least 1 documented often more | | | | |
| save money for NBA game | | | | documented as unnecessary to save as she often needs a spend down | | | | |
| \$25 to burial contract monthly | | | | documented in program book and in financial records at the center | | | | |
| Day Center | | | | | | | | |
| exercise 20 minutes daily | | | | well documented | | | | |
| Recycling Thursdays | | | | consistently completed | | | | |
| Read 30 minutes per day | | | | well documented | | | | |
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| Protocols: | | Evidence staff clearly understood and were able to implement protocol? |
| Diabetes protocol | | very complete, staff was very knowledgeable about diabetes needs |
| Nursing grant hours are recorded separately. | | |
| Bathing protocol | | posted, needs very little assistance |
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Comprehensive Evaluation
9/17/2008

Provider: **Havre Day Activity Center (HDAC)**
Eval Date: **August 5th- 7th, 2008**

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|--|-----------|-----------------------|--------------------------------------|---|--|--|--|--|--|
| consumer: | ** | Hours per ICP: | 157.51/MO RES; 120.24/ MO DAY | | | | | | |
| Actions per PSP | | | | Evidence support provided consistently? | | | | | |
| Phone calls with mom 1x. mo and visits with dad | | | | 2 phone calls in aug, wkend with dad. Appears visits are consistent | | | | | |
| cards to family per special occasion | | | | data sheets and logs consistent | | | | | |
| email mom weekly | | | | data sheets and logs consistent | | | | | |
| calming music | | | | completed almost daily | | | | | |
| walk to calm | | | | data sheets and logs consistent | | | | | |
| lotion daily | | | | data sheets and logs consistent | | | | | |
| laundry daily | | | | dropped 4/08 | | | | | |
| explore other calming activities | | | | data does not show new activities or results | | | | | |
| How to work with me protocol in place by 12/1/07 | | | | completed late 5/08 | | | | | |
| Braille books found | | | | completed 6/3/08 | | | | | |
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| Protocols: | | Evidence staff clearly understood and were able to implement protocol? |
| PRN protocol | | data showed one documentation error (written on July sheet) |
| | | does not show results of PRN on med sheet |
| | | log sheets should document the time of PRN for communication |
| | | between residential and day programs (see 8/5/08 |
| Bathing protocol | | posted and followed consistently |
| How to Work with Me | | in program book implemented late. |
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Provider: **Havre Day Activity Center (HDAC)**
Eval Date: **August 5th- 7th, 2008**

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|---|----|--------------------|----------------------------|--|--|--|--|--|--|
| consumer: | ** | Hours per ICP: | 194.2/mo res; 73.07/mo day | | | | | | |
| Actions per PSP | | PSP date: 10/30/07 | | Evidence support provided consistently? | | | | | |
| writing name smaller 1x/week | | | | 2x/week most of the time prior to 2/08 just doc "done" now gives detail. | | | | | |
| purchase workbook quarterly | | | | documented consistently on calendar with notes | | | | | |
| work on addition skills 1x/wk | | | | weekly calendar with notes | | | | | |
| new educational approaches 1x/wk | | | | weekly calendar with notes | | | | | |
| art projects 1x/wk | | | | weekly calendar with notes | | | | | |
| purchase art supplies quarterly | | | | documented consistently on calendar with notes | | | | | |
| read/write a sentence 1x/ wk | | | | weekly calendar with notes | | | | | |
| clean glasses as needed | | | | daily documentation | | | | | |
| hrs of service/transportation/ medications/ checklist | | | | logs, med book, program books all complete | | | | | |
| exercise 1x/wk | | | | weekly calendar with notes | | | | | |
| out of house activity 1x/ wk | | | | weekly calendar with notes most often 2x/week | | | | | |
| sack lunch Fridays | | | | weekly calendar with notes | | | | | |
| coffee 1x/ wk | | | | weekly calendar with notes | | | | | |
| phone calls per rights restriction | | | | thorough documentation | | | | | |
| shred paper as available | | | | documented consistently on calendar with notes | | | | | |
| job opportunities provided monthly | | | | documented consistently on calendar with notes | | | | | |
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| Protocols: | | | | Evidence staff clearly understood and were able to implement protocol? | | | | | |
| Bathing procedure | | | | posted in bathroom and in PSP | | | | | |
| medication protocols | | | | in separate med book, staff had a hard time locating | | | | | |
| rights restriction | | | | in PSP and program book | | | | | |
| How to Work with Me | | | | in PSP and program book | | | | | |
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Comprehensive Evaluation
9/17/2008

Provider: **Havre Day Activity Center (HDAC)**
Eval Date: **August 5th- 7th, 2008**

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|---------------------------------------|------------------------|--|----------------------------------|--|--|--|--|--|--|
| consumer: | ** | Hours per ICP: | 198.7/mo res 92.07/mo day | | | | | | |
| Actions per PSP | PSP date 8-1-07 | Evidence support provided consistently? | | | | | | | |
| medication assist | | medication log and daily documentation | | | | | | | |
| 3 motor cross events per yr | | 1x completed other activities related to motor cross have been attempted | | | | | | | |
| horse shoes 2x/week | | 3x/ week most often documentation on monthly calendar needs initials | | | | | | | |
| medical appointments/ transportation | | transportation and daily logs | | | | | | | |
| church 1x/ mo | | completed monthly calendars need initials | | | | | | | |
| daily checklist completed | | on file | | | | | | | |
| out to lunch 1x/ mo at day program | | completed monthly | | | | | | | |
| rights restriction follow up | | follow-up did not occur from previous CM (RR not signed until 7/14/08) alarm broke | | | | | | | |
| Job at Taco Johns support | | completed regularly. Complete documentation | | | | | | | |
| Keopke Foods 2x/ wk | | completed regularly. Complete documentation | | | | | | | |
| line of sight supervision for outings | | several outings each week documented | | | | | | | |
| visit brother 1x/ yr | | visited at Special Olympics | | | | | | | |
| send cards for special occasions | | several cards sent throughout the yr. | | | | | | | |
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| Protocols: | | Evidence staff clearly understood and were able to implement protocol? |
| How to Work with Me | | available in PSP and program book |
| Rights Restriction | | draft copy in PSP. Official signed copy was not in place until 7/14/08 due to CM oversight. |
| | | Door alarm was not working. |
| | | Administration was aware of the problem and it has since been corrected |
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| Note: Most daily documentation at res site is in one staff members handwriting and entries are not initialed. Please complete documentation by the staff member completing the action and document by the end of the shift. | | |
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|--|-----------------------|--|--|--|--|--|--|--|--|
| consumer: | Hours per ICP: | | | | | | | | |
| Actions per PSP | | | Evidence support provided consistently? | | | | | | |
| medication administration | | | consistent and documented | | | | | | |
| bathing/hygiene daily | | | consistent and documented | | | | | | |
| shave 2x/wk | | | consistent and documented | | | | | | |
| review "rules" daily | | | consistent and documented | | | | | | |
| checklist daily | | | consistent and documented | | | | | | |
| hrs of service/ transportation | | | log sheets and program documentation | | | | | | |
| offer activities to keep busy daily | | | consistent and documented | | | | | | |
| use computer daily | | | consistent and documented | | | | | | |
| look into a computer to buy by 8/16/08 | | | new action no progress yet | | | | | | |
| save money/ buy computer/ cabinet for safe storage | | | new action no progress yet | | | | | | |
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| Protocols: | | Evidence staff clearly understood and were able to implement protocol? |
| How to Work with Me | | in PSP and program book |
| PRN protocols | | in PSP and medication book |
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Comprehensive Evaluation
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Provider: **Havre Day Activity Center (HDAC)**
Eval Date: **August 5th- 7th, 2008**

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|---|--------------------------|--|--|--|--|--|--|--|
| consumer: | ** | Hours per ICP: | 263 hrs/mo res 73.07 hrs/mo day | | | | | |
| Actions per PSP | PSP date: 8-22-07 | Evidence support provided consistently? | | | | | | |
| Join People First | | Joined Sept 13 | | | | | | |
| Participate in People First Activity 1x/ mo | | People First discontinued in Oct. | | | | | | |
| Special Olympics in June | | completed and documented | | | | | | |
| Comm. Outing 1x/ mo at center | | consistent and documented | | | | | | |
| attend 2 concerts | | attended 5 this yr | | | | | | |
| attend a music event by October | | completed and documented | | | | | | |
| listen to music 2x/ wk | | completed and documented almost daily | | | | | | |
| Staff will notify parents of all medical | | noted on monthly calendars | | | | | | |
| transportation provided | | transportation and daily logs | | | | | | |
| Range of Motion 2x/ week outlined in IPP | | completed and documented with notations | | | | | | |
| monitor and document seizures | | IR's and daily logs | | | | | | |
| daily routine per checklist | | completed daily | | | | | | |
| Parents to dinner 2x/ yr | | completed and documented with notations | | | | | | |
| send cards/ letters to family 1x/ mo | | completed and documented with notations | | | | | | |
| carry objects daily | | completed daily at the center | | | | | | |
| bring dishes to sink daily | | 75% at home | | | | | | |
| wheel self in chair daily | | completed daily at the center | | | | | | |
| offer choices daily | | almost daily documentation | | | | | | |
| | | | | | | | | |

| | | |
|-----------------------------|--|---|
| Protocols: | | Evidence staff clearly understood and were able to implement protocol? |
| Emergency eye care protocol | | in program book and posted |
| Bathing procedure | | in program book and posted |
| How to Work with Me | | in program book |
| Range of Motion | | IPP in program book, training video form PT, |
| | | |
| | | |
| | | |
| | | |

Comprehensive Evaluation
9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cherilyn Wilson

Make note of site reviewed

| Residential Site Checklist: check if evidenced or mark data as appropriate | | | | | | | | | Appendix or QAOS |
|---|---|-----|-----|------|-----|------|-----|--------|------------------|
| Site Name | | 7th | 6th | BLVD | ALC | BLHK | NS | Center | |
| H e a l t h S a f e t y | Bathing procedures posted | Yes | Yes | Yes | Yes | Yes | Yes | NA | QAOS 08-3 |
| | Clean/Sanitary Environment | Yes | Yes | Yes? | Yes | Yes | Yes | Yes | |
| | Egress | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Hot Water Temps | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Emergency Assistance | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Fire Extinguishers/smoke Detectors | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | 1st Aid/CPR Supplies Accessible/Available | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | PRN Medications | NO | NO | NO | NO | NO | NO | NO | |
| | Medication Procedures | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Medication Locked Storage | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Medication Administration Records | NO | NO | NO | NO | NO | NO | NO | |
| | Staff Ratios or ICP staffing | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Awake Overnight Staff | Yes | Yes | Yes | Yes | Yes | Yes | NA | |
| | Adequate Supplies | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| D a i l y | Storage of Supplies | NO | Yes | NO | Yes | Yes | Yes | Yes | QAOS 08-4 |
| | Free from aversive procedures? | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Weekly integrated activities | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| House or Site Rules | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Opp for choice, self determination | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Meal Prep, Mealtime | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Engagement in Daily Life | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Participation in Daily Living Skills | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Daily Leisure Opportunities | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Staff Trained in Individual Specifics | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Comments: 7th: Cleaning supplies unlocked in storage next to refrigerator. BLVD: Cleaning supplies and bug repealant unlocked in office area, cleaning supplies under sink unlocked. Food left uncovered on the stove at 9 pm. | | | | | | | | | |

Comprehensive Evaluation
9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cheryl Wilson

| Residential Site Checklist: check if evidenced | | | | | | | | Appendix or QAOS |
|--|--|---------|---------|---------|---------|------|------|------------------|
| Site Name or Veh # | | # 20 | # 3 | # 4 | #1 | # 13 | | |
| Transportation | Driver Orientation Program | yes | yes | yes | yes | yes | | |
| | Wheelchair tie downs | na | yes | na | na | yes | | |
| | Wheelchair Lift | na | yes | na | na | yes | | |
| | Driver's Licenses | yes | yes | yes | yes | yes | | |
| | Emergency Supplies | yes | yes | no | no | no | | |
| | Fire Extinguisher | yes | expired | expired | expired | yes | | |
| | Transportation Log | yes | yes | yes | no | yes | | |
| | Scheduled Maintenance Program | yes | yes | yes | yes | yes | | |
| | Training--Staff Doing Maintenance Checks | yes | yes | yes | yes | yes | | |
| | Procedures for Timely Repairs | yes | yes | yes | yes | yes | | |
| | MDT inspection on file (MDT vehicles only) | na | na | na | na | na | | |
| Comments: Several fire extinguishers were expired and emergency supplies were missing. Although Havre Day no longer has the benefit of a mechanic on staff they have done well providing the minimum necessary maintenance. Transportation and vehicle maintenance will be an important safety factor for administration to monitor in the future. | | | | | | | | QAOS 08-5 |
| Site Name or Veh # | | 7th st. | 6th | BLVD #5 | # 14 | #16 | # 15 | # 6 |
| | Driver Orientation Program | yes | yes | yes | yes | yes | yes | yes |
| | Wheelchair tie downs | yes | yes | na | na | na | na | na |
| | Wheelchair Lift | yes | yes | na | na | na | na | na |
| | Driver's Licenses | yes | yes | yes | yes | yes | yes | yes |
| | Emergency Supplies | yes | yes | yes | no | yes | no | no |
| | Fire Extinguisher | expired | yes | yes | expired | yes | yes | no |
| | Transportation Log | yes | yes | yes | yes | yes | yes | no |
| | Training--Staff Doing Maintenance Checks | yes | yes | yes | yes | yes | yes | yes |
| | Procedures for Timely Repairs | yes | yes | yes | yes | yes | yes | yes |
| MDT inspection on file (MDT vehicles only) | na | na | na | na | na | na | na | |

Comprehensive Evaluation
9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cherilyn Wilson

| Staff Survey: check if 'met', 0 if 'unmet' | | | | | | | Appendix or QAOS |
|--|--|-----|-----|-----|-----|--|---------------------|
| Staff Initials | | JA | TD | KC | KC | | |
| A | Allegations are reported to? (APS) | MET | MET | | MET | | |
| | Do you notify Supervisor first? (NO) | | MET | MET | MET | | |
| | Steps to take if abuse is discovered? | MET | MET | MET | | | |
| | Comments: | | | | | | |
| B | Suspect theft of gloves, steps to take? | | | | MET | | |
| | IP/PSP requests Doctors appt | MET | MET | MET | | | |
| | No jacket, -25 consumer wants to leave | | MET | MET | | | |
| | Review Rts Restriction | MET | | | MET | | |
| | Comments: | | | | | | |
| b | describe consumer behaviors | MET | MET | MET | MET | | |
| | staff response to behaviors by plan | MET | MET | MET | MET | | |
| | list proactive or environmental strategies | | | | | | |
| | Comments: | | | | | | |
| O | former employee wants info | MET | | MET | | | |
| | what is consumer information? | | MET | | | | |
| | training to meet health and safety needs? | MET | | MET | MET | | |
| | emergency evacuation procedures? | | MET | | MET | | |
| | Comments: | | | | | | |

Comprehensive Evaluation
9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cherilyn Wilson

| Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer | | | | | | | Appendix or QAOS |
|--|---|-------|-------|-------|-----|--|------------------|
| Staff Initials | | JA | TD | KC | KC | | |
| B | describe procedure to assist with meds | MET | | | MET | | |
| | if med is unavailable? | MET | MET | MET | | | |
| | if gave wrong med? | MET | UNMET | | | | |
| | if moving to a new place or gets new med? | | | | | | |
| | requirement to assist with meds? | | | | | | |
| | describe PRN or OTC is to be given | | UNMET | MET | MET | | |
| | what constitutes a med error? | MET | MET | MET | | | |
| Comments: TD: wrong medication stated just monitor depending on what med. Unaware of PRN protocols. | | | | | | | |
| E | steps to avoid power struggles | UNMET | MET | | MET | | |
| | how to respond to someone who is upset | | MET | MET | | | |
| | what is you start to lose control? | MET | MET | MET | MET | | |
| | Comments: JA: stated he did not know what to do in this situation, however QIS observed this staff working and he demonstrated several times skills to de-escalate a situation and avoid a power struggle. TD: In answer to what do if you feel you are loosing control stated "Mandt them". Upon reiterating the question he answered appropriately. I do not believe he understood the question the first time. | | | | | | |
| C | when do you fill out an incident report? | | | MET | MET | | |
| | notifications for ER? | MET | MET | | | | |
| | consumer to consumer incidents | MET | UNMET | UNMET | MET | | |
| | who writes the IR? | | MET | MET | | | |
| | Comments: TD: very specifically stated that both full names needed to be on each IR "to be precise". KC: unaware of using initials for the second IR. Showed example from the green bag of it being done wrong. Was very receptive to doing it correctly in the future. | | | | | | |

Comprehensive Evaluation

9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cherilyn Wilson

| Staff Survey: check if 'met', 0 if 'unmet' with notation of incorrect answer | | | | | | | Appendix or QAOS |
|---|--|-----|-------|-----|-----|--|------------------|
| Staff Initials | | JA | TD | KC | KC | | |
| 90561010 | consumer destroying things | MET | UNMET | MET | | | |
| | staff pinches consumer back | | UNMET | | MET | | |
| | how do you know a support plan is needed? | MET | | MET | MET | | |
| | Comments: TD: stated to send the consumer to their room if destroying things, and report the pinching to a supervisor "if serious". | | | | | | |
| IP/PSP | what is IP/PSP based on? | | UNMET | MET | MET | | |
| | you have an idea for an objective..... | MET | | MET | | | |
| | why do assessments? | | MET | | MET | | |
| | How do you find out what someone would like to do? | MET | | MET | | | |
| | Comments: TD: PSP is based on "what they get to do". Was very nervous. | | | | | | |
| Comments: | | | | | | | |
| <p>KC: This Day center staff answered all survey questions with 100% accuracy.</p> <p>TD: This staff became increasingly nervous during the interview which may have affected his ability to answer. I did not get the impression that this staff member was untrained or irresponsible in his care giving. When he was more relaxed and during my observations of his interactions with consumers he was very appropriate.</p> | | | | | | | |

Comprehensive Evaluation
9/17/2008

Agency: Havre Day Activity Center (HDAC)
Evaluators: Cherilyn Wilson

| Consumer Questionnaire (used by QIS). Check if evidenced. 0 if not asked. Bolded questions are mandatory | | | | | | Appendix or QAOS |
|--|--|--------|----------|-------|-------|------------------|
| Consumer initials | | | | | | |
| Consumer has/shows ID card? (if PSP documents this is not applicable, mark NA) | | YES | YES | NO | NO | |
| c o n s u m e r | Do you have nice staff at home/work? | YES | YES | YES | YES | |
| | Is anyone mean to you at home/work? | | NO | NO | NO | |
| | Do you like where you live/work? | YES | YES | YES | YES | |
| | Are you ever afraid of anyone? | NO | YES-peer | NO | NO | |
| | Someone hits/hurts you, who can you tell? | DAN | STAFF | STAFF | STAFF | |
| | Does anyone talk to you about this? | NO | YES | NO | YES | |
| | Can you get help when you need it? | | | | | |
| | from staff? | | | YES | | |
| | from Case Manager? | | | YES | | |
| | Can you get your own food/drink? | | | | | |
| | Do people come into your house/room w/o knocking/permission? | | | | NO | |
| | Do staff ever take things from you? | NO | | | | |
| | Can you get rides to places you need to go? | | YES | | | |
| | Rides to the places you want to go? | | | | YES | |
| | Who is your Case Manager? | SHELLY | SHELLY | PAM | DK | |
| Does s/he talk to you about waiver services? | DK | DK | YES | DK | | |
| Does s/he help you get what you need? | YES | YES | YES | YES | | |
| Comments: *DK=DON'T KNOW DL has a new case manager and couldn't remember her name. Stated he has an ID but it was at home. Overall consumer surveys show that individuals supported by Havre Day Activity Center feel safe and well cared for. | | | | | | |